L14000138020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2025 OCT -9 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP

(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 10/09/2025

Acc#I20160000072

Name:	Churchill Stateside NC Tax Credit Fund IV Managing Member, LLC
Document #:	
Order #:	16579140

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
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Amount: $ 25.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHURCHILL STATESIDE NC TAX CREDIT FUND IV MANAGING MEMBER, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Gloeckl
(Name of Person)

Churchill Stateside Group
(Firm/Company)

911 CHESTNUT ST
(Address)

Clearwater, FL 33756
(City/State and Zip Code)

For further information concerning this matter, please call:

Keith Gloeckl at (727) 467-2200
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee and Certificate of Dissolution

☐ $55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2025 OCT -9 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is
CHURCHILL STATESIDE NC TAX CREDIT FUND IV MANAGING MEMBER, LLC

2. The Articles of Organization were filed on 09/04/2014 and assigned

document number L14000138020

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
An event or circumstance that the operating agreement states causes dissolution.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

Keith Gloeckl
Printed Name

FILING FEE: $25.00